



MISSOURI ANIMAL IDENTIFICATION PROGRAM

Premises Registration Form

(Please Print)

This form allows you to apply for a premises identification number.
Please fill in all applicable fields. Fields marked with an asterisk (*) are required.

PLEASE FILL OUT ONLY ONE APPLICATION PER PREMISES.
(Contact information will not be sold or given out by NAIS or MAIP without prior written consent)

Owner/Contact Name*:		Mailing Address*:		City*:	
County/State*:	Zip*:	Home Phone*:		Alternate Phone:	
E-Mail:			Business/Farm Name:		

*At least one of the following fields is required.

Premises 911 Address:	GPS Coordinates: Ex. N34°04’24’’/W118°23’57’’
Brief Property Legal Description: Township (ie. 25N) Range (ie. 22W) Section (ie. 25)	

What type of business organization is at this location? Circle One

Incorporated Company	State or Federal Government	Individual	Limited Liability Company	Limited Liability Partnership	Non-Profit Organization
----------------------	-----------------------------	------------	---------------------------	-------------------------------	-------------------------

What type of business do you have? Please circle or check all that apply.

<input type="checkbox"/> Production Unit (farm, ranch, flock, feedlot, etc.)	<input type="checkbox"/> Clinic (location where animals are treated)	<input type="checkbox"/> Exhibition (fairs, shows)	<input type="checkbox"/> Laboratory
<input type="checkbox"/> Market/Collection Point	<input type="checkbox"/> Non-Producer	<input type="checkbox"/> Quarantine Facility	<input type="checkbox"/> Rendering
<input type="checkbox"/> Slaughter Plant	<input type="checkbox"/> Tagging Site		

*Please circle or check domestic species at location:

Bison	Cattle	Llama	Goats	Deer	Elk	Fish
Chickens	Ducks	Emu	Horses	Geese	Guineas	Shellfish
Sheep	Pheasants	Swine	Poultry	Quail	Turkeys	

Please allow 4-8 weeks for delivery of a premises identification card. In addition, a user name, account number, password and premise identification number will be assigned for future account updates.

MAIL OR FAX COMPLETED FORM TO:

Missouri Department of Agriculture

Animal Health – MAIP

P.O. Box 630

Jefferson City, MO 65102-0630

Fax: 573-526-0745

OR

Online at:

www.mda.mo.gov